

Table of Contents

State/Territory Name: MI

State Plan Amendment (SPA) #: 14-0170

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Additional Companion letter
- 3) CMS 179 Form/Summary Form (with 179-like data)
- 4) Approved SPA Pages

June 26, 2014

Stephen Fitton, Medicaid Director
Medical Services Administration
Federal Liaison Unit
Michigan Department of Community Health
400 South Pine
Lansing, Michigan 48933

ATTN: Loni Hackney

Dear Mr. Fitton:

Enclosed for your records is an approved copy of the following State Plan Amendment:

- Transmittal: #14-0170 Adult Group Coverage
- Effective: April 1, 2014

A companion letter will accompany this approval to address the state's compliance on presumptive eligibilities requirements. If you have any questions, please contact Leslie Campbell at (312) 353-1557 or Leslie.Campbell@cms.hhs.gov.

Sincerely,

/s/

Verlon Johnson
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

June 26, 2014

Stephen Fitton, Medicaid Director
Medical Services Administration
Federal Liaison Unit
Michigan Department of Community Health
400 South Pine
Lansing, Michigan 48933

ATTN: Loni Hackney

Dear Mr. Fitton:

This letter is being sent as a companion to our approval of Michigan State Plan Amendment (SPA) 14-0170, which authorizes the state to provide Medicaid coverage to the adult group and to provide presumptive eligibility (PE) for this group. Our review of SPA 14-0170 included a review of the state's training materials and on-line screens for PE and discussions with the state about how the state has implemented PE. Based on our review, the SPA has been approved. However, it was determined that state systems are not in compliance with one aspect of the federal Medicaid rules for PE.

Federal regulations at 42 CFR 435.1101 and the statute at section 1920 of the Social Security Act require that an individual's PE period end on the date that Medicaid eligibility is determined, if the individual files a Medicaid application by the end of the month after the month that PE is determined. If the individual does not file a Medicaid application by the end of the month after the month that PE is determined, PE ends on that day. Federal financial participation (FFP) may not be claimed for services received on dates of service after an individual is no longer eligible. In our process of reviewing this SPA, Michigan informed us that, based on current systems functionality, it is not able to automatically end a PE period when a PE enrollee is denied Medicaid eligibility. The state continues the PE period until the end of that month, and continues to pay claims for services received during that time. We understand that state systems will need to be changed in order to come into compliance with federal rules governing the PE period and have discussed with the state the need to make these changes.

Please respond within 30 days from the date of this letter with a corrective action plan (CAP) that describes the steps the state is taking to resolve the issue identified above. The CAP should include the following information:

- Description of how and when the state's systems will be corrected to allow for the PE period to be ended correctly so that FFP will not be claimed for dates of service beyond which the individual is eligible.

- Description of a manual workaround to be implemented in the interim (while awaiting systems changes) to assure that FFP will not be claimed for dates of service when an individual is no longer eligible. This workaround should be implemented as soon as possible to prevent inappropriate payments.

During the 30-day period, we are available to provide any technical assistance that you need. State plans that are not in compliance with Federal requirements at 42 CFR 430.10 are grounds for initiating a formal compliance process.

If you have any questions, please have a member of your staff contact Leslie Campbell at (312) 353-1557 or by email at Leslie.Campbell@cms.hhs.gov.

Sincerely,

/s/

Verlon Johnson
Associate Regional Administrator
Division of Medicaid and Children's Health Operations



Medicaid Eligibility

OMB Control Number 0938-1148
OMB Expiration date: 10/31/2014

Eligibility Groups - Mandatory Coverage Adult Group

832

1902(a)(10)(A)(i)(VIII)
42 CFR 435.119

The state covers the Adult Group as described at 42 CFR 435.119.

☒ Yes ☐ No

☒ **Adult Group** - Non-pregnant individuals age 19 through 64, not otherwise mandatorily eligible, with income at or below 133% FPL.

☒ The state attests that it operates this eligibility group in accordance with the following provisions:

☒ Individuals qualifying under this eligibility group must meet the following criteria:

☒ Have attained age 19 but not age 65.

☒ Are not pregnant.

☒ Are not entitled to or enrolled for Part A or B Medicare benefits.

☒ Are not otherwise eligible for and enrolled for mandatory coverage under the state plan in accordance with 42 CFR 435, subpart B.

Note: In 209(b) states, individuals receiving SSI or deemed to be receiving SSI who do not qualify for mandatory Medicaid eligibility due to more restrictive requirements may qualify for this eligibility group if otherwise eligible.

☒ Have household income at or below 133% FPL.

☒ MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

☒ There is no resource test for this eligibility group.

Parents or other caretaker relatives living with a child under the age specified below are not covered unless the child is
☒ receiving benefits under Medicaid, CHIP or through the Exchange, or otherwise enrolled in minimum essential coverage, as defined in 42 CFR 435.4.

☒ Under age 19, or

☐ A higher age of children, if any, covered under 42 CFR 435.222 on March 23, 2010:

☒ **Presumptive Eligibility**

The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assures it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR 435.118) eligibility groups when determined presumptively eligible.

☒ Yes ☐ No

☒ The presumptive period begins on the date the determination is made.



Medicaid Eligibility

- ☐ Is authorized to determine a child's eligibility to receive child care services for which financial assistance is provided under the Child Care and Development Block Grant Act of 1990
- ☐ Is authorized to determine a child's eligibility to receive assistance under the Special Supplemental Food Program for Women, Infants and Children (WIC) under section 17 of the Child Nutrition Act of 1966
- ☐ Is authorized to determine a child's eligibility under the Medicaid state plan or for child health assistance under the Children's Health Insurance Program (CHIP)
- ☐ Is an elementary or secondary school, as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801)
- ☐ Is an elementary or secondary school operated or supported by the Bureau of Indian Affairs
- ☐ Is a state or Tribal child support enforcement agency under title IV-D of the Act
- ☐ Is an organization that provides emergency food and shelter under a grant under the Stewart B. McKinney Homeless Assistance Act
- ☐ Is a state or Tribal office or entity involved in enrollment in the program under Medicaid, CHIP, or title IV-A of the Act
- ☐ Is an organization that determines eligibility for any assistance or benefits provided under any program of public or assisted housing that receives Federal funds, including the program under section 8 or any other section of the United States Housing Act of 1937 (42 U.S.C. 1437) or under the Native American Housing Assistance and Self Determination Act of 1996 (25 U.S.C. 4101 et seq.)
- ☒ Is a health facility operated by the Indian Health Service, a Tribe, or Tribal organization, or an Urban Indian Organization
- ☐ Other entity the agency determines is capable of making presumptive eligibility determinations:

- The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act,
- ☒ and has provided adequate training to the entities and organizations involved. A copy of the training materials has been included.

An attachment is submitted.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: Michigan

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.
MI-14-0170 - MAM

Proposed Effective Date

04/01/2014 (mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR 435; 1902(a)(10)(A)(i) and (ii); 1905(u)(2)(B); 1920; and 1931(b) and (d)

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2014	\$ 766520086.00
Second Year	2015	\$ 2660552984.00

Subject of Amendment

This amendment is submitted in order implement coverage of the adult group effective April 1, 2014. This SPA supersedes S32 previously submitted in TN No. 13-0100.

Governor's Office Review

Governor's office reported no comment

Comments of Governor's office received

Describe:

No reply received within 45 days of submittal

Other, as specified

Describe:

Stephen Fitton, Director
Medical Services Administration

Signature of State Agency Official

Submitted By: Loni Hackney
Last Revision Date: May 5, 2014
Submit Date: Apr 1, 2014

DATE RECEIVED: 4/1/14	DATE APPROVED: 6/26/14
PLAN APPROVED – ONE COPY ATTACHED	
EFFECTIVE DATE OF APPROVED MATERIAL: XXXXXX/XXXX April 1, 2014 LC	SIGNATURE OF REGIONAL OFFICIAL: /s/
TYPED NAME: Verlon Johnson	TITLE: Associate Regional Administrator
REMARKS:	